

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10/829504

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		LATEST AMENDMENT		AFTER 2ND AMENDMENT			AS FILED		LATEST AMENDMENT		AFTER 2ND AMENDMENT	
	MD	DEP	MD	DEP	MD	DEP		MD	DEP	MD	DEP	MD	DEP
1	1		1				51						
2	1		1				52						
3	1		1				53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7		1		1			57						
8		1		1			58						
9		1		1			59						
10		1		1			60						
11		1		1			61						
12		1		1			62						
13		12		12			63						
14		12		12			64						
15		12		12			65						
16		12		12			66						
17		1		1			67						
18		1		1			68						
19		1		1			69						
20		1		1			70						
21		12		12			71						
22		12		12			72						
23		12		12			73						
24		12		12			74						
25		12		12			75						
26		12		12			76						
27		12		12			77						
28		12		12			78						
29		12		12			79						
30		12		12			80						
31		12		12			81						
32		12		12			82						
33		12		12			83						
34		12		12			84						
35		12		12			85						
36		12		12			86						
37		12		12			87						
38		12		12			88						
39		12		12			89						
40		12		12			90						
41		12		12			91						
42		12		12			92						
43		12		12			93						
44		12		12			94						
45		12		12			95						
46		12		12			96						
47		12		12			97						
48		12		12			98						
49		12		12			99						
50		12		12			100						
TOTAL MD.	3						TOTAL MD.						
TOTAL DEP.	153						TOTAL DEP.						
TOTAL CLAIMS	156						TOTAL CLAIMS						